

**DECLARATION/
POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION**

Declaration Submitted With Initial Filing (37 CFR 1.63)

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Supplemental Declaration (37 CFR 1.67)

Attorney Docket Number: **MAT-8525US**

First Named Inventor: **Mutsuko NICHOGI, et al.**

COMPLETE IF KNOWN

Application Number: **To Be Assigned**

Filing Date: **March 25, 2004**

Art Unit: **To Be Assigned**

Examiner Name: **To Be Assigned**

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND METHOD FOR PROCESSING AN IMAGE

(Title of the Invention)

the specification of which

is attached hereto.

OR

was filed on **March 25, 2004** as United States Application

PCT International Application Number

and was amended on _____ (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
2003-091203	JAPAN	March 28, 2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

I hereby appoint:

Practitioners at Customer Number 23122

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:	<input checked="" type="checkbox"/> Practitioners Customer Number listed above; OR	<input type="checkbox"/> Correspondence Address Below
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Name:		
Address:		
City:	State:	Zip:
Country:	Telephone:	Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Mutsuko		NICHOGI	
Inventor's Signature		Date: _____	
Residence: City: Tokyo	State:	Country: Japan	Citizenship: Japanese
Mailing Address: 2-2-3, Katamachi, Fuchu-shi			
Mailing Address:			
City: Tokyo	State:	Zip: 183-0021	Country: Japan
<input checked="" type="checkbox"/> Additional inventors are listed on the next page.			

Declaration/Power Of Attorney for Utility or Design Patent Application
(continued)

Name of Second Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Katsuhiro		KANAMORI	
Inventor's Signature _____		Date: _____	
Residence: City: Kanagawa	State:	Country: Japan	Citizenship: Japanese
Mailing Address: 1621, Kizuki, Nakahara-ku, Kawasaki-shi			
Mailing Address:			
City: Kanagawa	State:	Zip: 211-0025	Country: Japan
Name of Third Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Makoto		OISHI	
Inventor's Signature _____		Date: _____	
Residence: City: Saitama	State:	Country: Japan	Citizenship: Japanese
Mailing Address: 3-1-20-701, Sensui, Asaka-shi			
Mailing Address:			
City: Saitama	State:	Zip: 351-0024	Country: Japan
Name of Fourth Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Norimichi		TSUMURA	
Inventor's Signature _____		Date: _____	
Residence: City: Chiba	State:	Country: Japan	Citizenship: Japanese
Mailing Address: 5-9-1-102, Konakadai, Inage-ku, Chiba-shi,			
Mailing Address:			
City: Chiba	State:	Zip: 263-0043	Country: Japan
<input checked="" type="checkbox"/> Additional inventors are listed on 1 Supplemental Sheet.			

DECLARATION/POWER OF ATTORNEY - SUPPLEMENTAL SHEET

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Yoichi		MIYAKE	
Inventor's Signature _____		Date: _____	
Residence: City: Chiba	State:	Country: Japan	Citizenship: Japanese
Mailing Address: 1-41-1, Yukarigaoka, Sakura-shi			
Mailing Address:			
City: Chiba	State:	Zip: 285-0858	Country: Japan
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature _____		Date: _____	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country:
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature _____		Date: _____	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country: